

**SC Department of Disabilities and Special Needs  
Alternative Work Schedule (AWS) Request Form**

\*Only full-time employees requesting a Flexible/Alternative Work Schedule (AWS) other than the standard 8:30 am - 5:00 pm are required to complete this form.\*  
Please type information into the document\*

Name: \_\_\_\_\_ User ID Number: \_\_\_\_\_

Work Week Begin Date: \_\_\_\_\_ (All DDSN work weeks begin on Friday)

I hereby request approval to work the following schedule in accordance with “SCDDSN Work Hours Policy and Procedure Directive 413-05-DD.”

**Week One**

Day #	Time In	Time Out	Less Lunch	Total Hours
#1-Friday				
#4-Monday				
#5-Tuesday				
#6-Wednesday				
#7-Thursday				
<b>Week One =</b>				

**Week Two**

Day #	Time In	Time Out	Less Lunch	Total Hours
#8-Friday				
#11-Monday				
#12-Tuesday				
#13-Wednesday				
#14-Thursday				
<b>Week Two =</b>				

Total: \_\_\_\_\_

I have read, understand, and agree to abide by the guidelines established by this DDSN Alternative Work Schedule policy. I understand that this schedule can be changed at any time by the Department, and that any change I request must be approved by my immediate Supervisor, Division Director, Facility Administrator or District Director, Associate State Director (or State Director for those employees whose evaluation is completed or reviewed by the State Director) or HR Director.

\_\_\_\_\_  
Date Employee’s Signature

\_\_\_\_\_  
Date Facility Administrator or District Director\* (Required for Regional/District Staff)

\_\_\_\_\_  
Date Supervisor’s Signature

\_\_\_\_\_  
Date Associate State Director or State Director\* (Required for Central Office staff)

\_\_\_\_\_  
Date Division Director

\_\_\_\_\_  
Date Director-Human Resources

**\*All signatures are required for approval, except that Regional Center/District staff do not need the Associate State Director’s or State Director’s approval and Central Office staff do not need the Facility Administrator’s or District Director’s approval.**